



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

March 4, 2014

Jason Kung
Edwards Theatre Inc.
Regal Entertainment Group
Valencia Stadium 12
7132 Regal Lane
Knoxville, TN 37918

HEARING ON APPLICATION FOR GAME ARCADE/SC AND THEATER-GENERAL/SCBUSINESS LICENSE ID #136251

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 12, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron, Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THE
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:02/20/2014
2ND PUBLISHING DATE:02/27/2014
3RD PUBLISHING DATE:03/06/2014

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

GAME ARCADE/SC & THEATER-GENERAL/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:24435 TOWN CENTER DRIVE
SANTA CLARITA, CA 91355
NAME OF APPLICANT:EDWARDS THEATRE INC. / REGAL
ENTERTAINMENT GROUP
VALENCIA STADIUM 12
DATE OF HEARING:03/12/2014
TIME OF HEARING:09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"**

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **THEATER-GENERAL /SC**

ADDRESS OF BUSINESS: **24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355**

TELEPHONE: **(661) 260-2960**

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **VALENCIA STADIUM 12**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/24/09	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	08/13/10	dmiles
<input checked="" type="checkbox"/> 5. Public Health	YES	06/24/09	dmiles
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	12/18/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/29/10	ewilliam
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/01/09	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/03/14	dmiles

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **GAME ARCADE /SC**

ADDRESS OF BUSINESS: **24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355**

TELEPHONE: **(661) 260-2960**

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **VALENCIA STADIUM 12**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
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<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/24/09	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	08/13/10	dmiles
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	12/18/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/29/10	ewilliam
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/01/09	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/03/14	tchen

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 136251

BUSINESS INFORMATION

Type of Business: GAME ARCADE THEATRE / GENERAL	Address of Business: 24435 Town Center Dr. Santa Clarita, CA 91353	
DBA (Business Name): Valencia Stadium 12	Business Telephone: 801-260-2960	
	Mailing Address: 7132 Regal Lane, Knoxville TN 37918	
Sellers Permit # (State Board of Equalization): # 97-933474		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: 4/18/2001	Incorporated in the State of: Delaware	
Exact Corporate Name: Regal Entertainment Group		
Names of Officers	Addresses	Titles
Amy Miles	7132 Regal Lane, Knoxville TN 37918	President
Gregory Dunn	7132 Regal Lane, Knoxville TN 37918	Vice-President
David Dwyer	7132 Regal Lane, Knoxville TN 37918	Vice-President & Treasurer

APPLICANT INFORMATION

Applicant's Full Name: JASON KUNG - Manager		
Home Address: _____		
Home Telephone: _____	Cell Phone: _____	Email address: _____
Social Security #: _____	Date of Birth: _____	Place of Birth: _____
Driver's License or State ID#: _____		Expiration Date: 1/1/2011
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 9/9/13 Applicant's Signature: _____

Application taken by: [Signature] Date: 9-9-13



September 9, 2013

To Whom It May Concern:

My name is Jason Kung I am the General Manager for REG Edwards Valencia 12 & IMAX. I have been employed by Regal Entertainment Group since Edwards and Regal merger in April 18th, 2001. I've joined Edwards Inc. in December 9th 1999 and since then I've been with Regal Entertainment Group. My employment history per location(s) as follows:

Edwards Canyon Country 10 from 1999 to 2000
Edwards Camarillo 12 from 2000 to 2003
Regal Civic Center 16 from 2003 to 2008
Edwards Valencia 12 from 2008 to current

As of April of 2013, I've been employed with Regal Entertain Group for 12 years.

Sincerely,

A large, stylized handwritten signature in black ink, which appears to read 'J. Kung', is written over the printed name and title.

Jason Kung
General Manager
Edwards Valencia 12 & IMAX
P: (661) 260-2960
F: (661) 260-2965

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **THEATER-GENERAL /SC**

ADDRESS OF BUSINESS: **24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **VALENCIA STADIUM 12**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: 

DATE: 8/03/10

BASIC LICENSE NO. **8373**

DATE **07/23/10**

IDENTIFICATION NUMBER **136251**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **GAME ARCADE /SC**

ADDRESS OF BUSINESS: **24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **VALENCIA STADIUM 12**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**


BUILDING & SAFETY

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: 

DATE: 8/3/10

BASIC LICENSE NO. **8370**

DATE **07/23/10**

IDENTIFICATION NUMBER **136251**

Mar-03-2014 09:58am From-LACOFD FIRE MARSHAL
Feb-27-2014 08:56pm From-LACOFD FIRE MARSHAL

3238904055
3238904055

T-869 P.002/002 F-226
1-887 P.002/002 F-226



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355

TELEPHONE: (661) 260-2960

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA STADIUM 12

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: F.S. # 126 *[Signature]*

DATE: 2/28/14

BASIC LICENSE NO. 8370

DATE 02/27/14

IDENTIFICATION NUMBER 136251

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

126

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: THEATER-GENERAL /SC

ADDRESS OF BUSINESS: 24435 TOWN CENTER DRIVE, SANTA CLARITA, CA

TELEPHONE:

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA STADIUM 12

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: F.S. # 126DATE: 9/29/09

BASIC LICENSE NO. 8373

DATE 06/19/09

IDENTIFICATION NUMBER 136251 ✓

8145-136251

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970. Los Angeles, CA 90054-0970

1/10/10

70

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: THEATER-GENERAL /SC

ADDRESS OF BUSINESS: 24435 TOWN CENTER DRIVE, SANTA CLARITA, CA

TELEPHONE:

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA STADIUM 12

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

49

PUBLIC HEALTH**LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: Julie AnnDATE: 1/28/10

BASIC LICENSE NO. 8373

DATE 01/08/10

IDENTIFICATION NUMBER 136251



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **THEATER-GENERAL /SC**

ADDRESS OF BUSINESS: **24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355**

TELEPHONE: **(661) 260-2960**

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **VALENCIA STADIUM 12**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**TREASURER & TAX COLLECTOR
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: *[Signature]*

DATE: 12-18-13

BASIC LICENSE NO. **8373**

DATE **12/18/13**

IDENTIFICATION NUMBER **136251**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355

TELEPHONE: (661) 260-2960

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA STADIUM 12

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 12-18-13

BASIC LICENSE NO. 8370

DATE 11/22/13

IDENTIFICATION NUMBER 136251

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **THEATER-GENERAL /SC**

ADDRESS OF BUSINESS: **24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **VALENCIA STADIUM 12**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

7/23/10

DATE: _____

[Signature]

BASIC LICENSE NO. 8373

DATE 07/23/10

IDENTIFICATION NUMBER 136251



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 24435 TOWN CENTER DRIVE, SANTA CLARITA, CA

TELEPHONE:

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA STADIUM 12

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING
SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

AD M10-009

SIGNATURE:

DATE:

1/5/09

BASIC LICENSE NO. 8370

DATE 01/05/10

IDENTIFICATION NUMBER 136251



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

Veron 2

KIND OF BUSINESS: ~~THEATER-GENERAL~~ /SC

ADDRESS OF BUSINESS: 24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355

TELEPHONE: (661) 260-2960

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: JASON L. KUNG

FICTITIOUS NAME: VALENCIA STADIUM 12

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

APPROVED

SIGNATURE:

[Signature] 536470

DATE:

12/31/13

BASIC LICENSE NO. 8373

DATE 12/18/13

IDENTIFICATION NUMBER 136251

Filed 12/31

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL***Veronica*KIND OF BUSINESS: ~~GAME~~ ARCADE/SC

ADDRESS OF BUSINESS: 24435 TOWN CENTER DRIVE, SANTA CLARITA, CA 91355

TELEPHONE: (661) 260-2960

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: JASON L. KUNG

FICTITIOUS NAME: VALENCIA STADIUM 12

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

APPROVED

SIGNATURE: _____

W/P 536470

DATE: _____

12/31/13

BASIC LICENSE NO. 8370

DATE 12/18/13

IDENTIFICATION NUMBER 136251

Faxed TC 12/31